

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	1					
9	2					
10	2					
11	1					
12	1					
13	1					
14	2					
15	2					
16	2					
17	1					
18	2					
19	1					
20	1					
21	2					
22	2					
23	1					
24	1					
25	2					
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29	2					
30	2					
31	2					
32	2					
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	39					
TOTAL CLAIMS	42					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						